Interim Designation of Agent to Receive Notification of Claimed Infringement

Alternative Name(s) of Service Provider (including all names under which the service is doing business):	
Address of Service Provider: 418 P	Pier Ave, #206, Santa Monica, CA 90405
Name of Agent Designated to Red Notification of Claimed Infringen	
Full Address of Designated Agent	t to which Notification Should be Sent (a P.O. Box
Telephone Number of Designated	
Facsimile Number of Designated	Agent: 310-425-3011
Email Address of Designated Age	nt: nancy@moderepublic.com
ignature of Office Top. Sentati	ive of the Designating Service Provider: Date:
yped or Printed Name and Title: _	
	SCANNED 09 03 2009
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